# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	tuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	INC KOXQUINE	N.	Date Received	
	NICKNAME LAST	SUFFIX	-	
	of mil mit		MPR	
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	RECEIVED 7 APR -6 PI	
OFFICEHOLDER	UP CONTROL POUR DE	7	-6	
MAILING ADDRESS	1.0 00.0	*	PM	
Change of Address	Ar lington, T	4 10014	CD.	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	S	
OFFICEHOLDER	(817) 381-9890		Date Hand-delivered or Date Postmarked	
PHONE	1011 301 3016		Receipt # Amount \$	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Amount ¢	
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	On CVI as	331114	Date Imaged	
	CIDELL VIDELES AND DO DON BILLION AND TO	ULTE # OLTV OTATE	ZIP CODE	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY; STATE;	ZIP CODE	
ADDRESS	3313 yelloustone	Dr. Arlington	TY 710013	
(Residence or Business)	John Openious will	4 140012	1111100	
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION		
PHONE	(817) 291-1100			
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign	
			treasurer appointment (Officeholder Only)	
	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	Month	Day Year	
	1/1/2017	THROUGH 3 /	27/207	
			oux 100 (57)	
11 ELECTION	ELECTION DATE	ELECTION TYPE	i.	
	Month Day Year Primary	Runoff Other Description		
	5 / 6 2017 General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n)	
		Cille Man	ncil	
		7 (300	- 7	
		DIZAIC	( )	
00 70				
GO TO PAGE 2				

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	annet	halman	15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$12,052.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ \7.7995			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	* 1452.43	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		* Z000.00	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Notary Public, State of Texas Comm. Expires 03-15-2021 Notary ID 5683094  Signature of Candidate or Officeholder				
AFFIX NOTARY STAN	AD / SEAL ABOVE			
		by the said hoxanne Thalman	, this the	
day of Hpn1	, 2017,	to certify which, witness my hand and seal of office	e.	
Mayla Garcia Worth Garcia Wotary Public  Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				
Signates 5. Sines administrating data				

## **SUBTOTALS - C/OH**

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME  20 Filer ID (Ethics Comm	mission Filers)
21	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$12,052
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$12,7995
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## SCHEDULE A1

The Ir	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	no thaiman	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
1/11/17	6 Contributor address; City; State; Zip Code	250.6
2. Dissipal assum	ation / Job title (See Instructions)  9 Employer (See Instruc	tions)
8 Principal occup	autori / Jub title (See Instructions)	
Date	Full name of contributor	Amount of contribution (\$)
1/31/17	Contributor address; City; State; Zip Code	400.00
,	2000 Paynocine Ct. Artinophy TX X0011	le '
Principal occup	ation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/18/17	Contributor address; City; State; Zip Code	2000
	303 (Ob. title (See Instructions) Employer (See Instru	uctions
Principal occur	pation / Job title (See Instructions) Employer (See Instru	
Date	Full name of contributor	Amount of contribution (\$)
2/20/17	Contributor address; City; State; Zip Code	1000
Dringing contr	pation / Job title (See Instructions)  Employer (See Instru	uctions)
Principal occu	pation 7 dob title (eee metadaterity	
8	*	
	-	
8	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

## SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Xanno Thalmain	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/5/IN	6 Contributor address; City; State; Zip Code	250.00
9 Principal occur	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
a micipal cooc		
Date	Full name of contributor	Amount of contribution (\$)
3/18/17	Contributor address; City; State; Zip Code	100-as
	1275 Vor4(255 St. Plano, TX 75074	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/18/17	Contributor address; City; State; Zip Code	ED. or
Principal occu	pation / Job title (See Instructions)  Employer (See Instru	I ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/19/17	Contributor address; City; State; Zip Code	2500
Principal occu	upation / Job title (See Instructions)  Employer (See Instru	ctions)
	¥	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	On ne Trainan	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3/1/17	adlau Perning ton 6 Contributor address; City; State; Zip Code 1375 Filman Rol fort worth, Ty761	500 · <u>s</u>
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See Instructions)	uoris)
Date	Full name of contributor	Amount of contribution (\$)
21117	Contributor address; City; State; Zip Code	2500,0
	12350 Baker Bryd. fichland Hills TXT	MR
Principal occur	pation / Job title (See Instructions)  Employer (See Instructions)	
Filicipal occup	adion / oob title (See Instructions)	,
Date	Full name of contributor	Amount of contribution (\$)
3/10/17	Contributor address; City; State; Zip Code	2500.00
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/2/17	Contributor address; City; State; Zip Code  ROPOLONSOS ANNO TY TRONS	1,000 00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
•	ATTACH ADDITIONAL CODIES OF THIS SCHEDILLE AS I	VEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date out-of-state PAC (ID#:\_ 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_ Full name of contributor Amount of contribution (\$) Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:\_ City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	50.00
8 Principal occupation / Job title (See Instructions)  9 Employe	r (See Instructions)
S Timopal sesepation, car and car	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	40.00
STIF CHUNCHILLITAUNS Affro Jan	7476017
Principal occupation / Job title (See Instructions)	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	20.00
1304 Timberband Tr. Allenity	75002
Principal occupation / Job title (See Instructions) Employ	er (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	20.50
Principal occupation / Job title (See Instructions)  Employ  Employ	Y TUON (See Instructions)
· ·	
ATTACH ARRITIONAL CORIEC OF THIS CO	HEDULE AS NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) City; Contributor address: State; Zip Code Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ans Thalman	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/22/17	MOUDOCH WWOSTWUTS IR  6 Contributor address; City; State; Zip Code	250.0-
8 Principal occu	pation / Job title (See Instructions)  Description / Job title (See Instructions)  Description / Job title (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/24/17	Contributor address; City; State; Zip Code	50 06
Principal occup	pation / Job title (See Instructions)  Employer (See Instruc	otions)
Date	Full name of contributor	Amount of contribution (\$)
3/27/17	Contributor address; City; State; Zip Code	500.00
Principal occu	pation / Job title (See Instructions)  Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/20/17	Contributor address; City; State; Zip Code	100.00
Principal occu	upation / Job title (See Instructions)  Employer (See Instructions)	uctions)
	•	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#: City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) State; Zip Code Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: Contributor address: City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made E Candidate/Officeholder/Politic		ng Expense ies/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
credit Card Payment	The Instruction Guide explains how	to complete this form.	
Total pages Schedule F1	2 FILER NAME CONTRACTOR	<u> </u>	3 Filer ID (Ethics Commission Filers)
Date	5 Payee name  WWWW WASICA		
Amount (\$)	7 Payee address; City; State; Zip Coo	de	
100	815-A BROZOS St. SLEZ	when the	107977
48	(a) Category (See Categories listed at the top of this schedule		outside of Texas. Complete Schedule T.
PURPOSE			tin, TX, officeholder living expense
OF EXPENDITURE	consuling expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office hel <b>d</b>
Date	Payee name		15 T
1/19/17	Murphy NOSica		¥
Amount (\$)	Payee address; City; State; Zip Co	ide	
422.19	815-A BO205 St. St. 3	oy Alstin,	14 78701
	Category (See Categories listed at the top of this schedu		Consists Cobadula T
PURPOSE OF	OLNO		outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
EXPENDITURE			PRINT MOST ON MOST REPRESENTATION TO THE STREET
		datak	oftware
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Ull	murphy Nasica		
Amount (\$)	Payee address; City; State; Zip C	ode	
1000	SIS BROZUS St. Ste 304	Huslin, TY	78901
70 000 000	Category (See Categories listed at the top of this sched		el outside of Texas. Complete Schedule T.
PURPOSE OF			ustin, TX, officeholder living expense
EXPENDITURE	consulting expens	2	
Complete ONLY if direct expenditure to benefit C		Office sought	t Office held
expenditure to benefit C			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	NEEDED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Polling Expense Printing Expense Pr	kpense	Travel In District Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Political Credit Card Payment	Committee   Legal Services   Salaries/   The Instruction Guide explains how to		Carrot Contract Contr
Total pages Schedule F1:	40 - Charles (1964 - 19	lman	3 Filer ID (Ethics Commission Filers)
Date Q (8)	5 Payee name  MMM NOSi Co		
6 Amount (\$)	7 Payee address; City; State; Zip Code		N.
(CUE)	915 Branus St. Sle304 A	istin TX 7	18701
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel	outside of Texas. Complete Schedule T.
PURPOSE OF	0.1	Check if Aust	tin, TX, officeholder living expense
EXPENDITURE	ormale angentallo	*	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/1/7	Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code		
1000	915 Branes St. SLE 304	Austin -	TX78701
	Category (See Categories listed at the top of this schedule)	Description	outside of Texas. Complete Schedule T.
PURPOSE OF			stin, TX, officeholder living expense
EXPENDITURE	Consulting fee		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/1/17	Mucha Masica	2 8	
Amount (\$)	Payee address; City; State; Zip Code	<b>?</b>	
211.09	815 Brazos St. Ste 364	Justin-	1478701
	Category (See Categories listed at the top of this schedule)		el outside of Texas. Complete Schedule T.
PURPOSE OF			ustin, TX, officeholder living expense
EXPENDITURE	Other	data	Softward
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sough	t Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS N	NEEDED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Consulting Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 4 Date Zip Code 7 Payee address; State: 6 Amount (\$) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH